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Dann Dorfman Phila

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MAR 14 2006

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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03/14/2006

Donald R. Piper, Jr.
DANN, DORFMAN, HERRELL, AND SKILLMAN, P.C.
Suite 720
1601 Market Street
Philadelphia, PA 19103

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Robert L. Dolan (Depositor's name)
Robert L. Dolan (Signature)
March 14, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/863,234	05/23/2001	Louis C. Aschetta	WHS	2098

TITLE OF INVENTION: WOUND TREATMENT EMPLOYING REDUCED PRESSURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1400	\$300	\$1700	06/12/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LACYK, JOHN P	3735	128-897000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.543).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Donald R. Piper, Jr.
2. Dann, Dorfman, Herrell & Skillman
3. PC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Wake Forest University Health Sciences

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Winston-Salem, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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☒ The Director is hereby authorized to charge the regulated fee(s), or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Donald R. Piper, Jr.

Date March 14, 2006

Typed or printed name

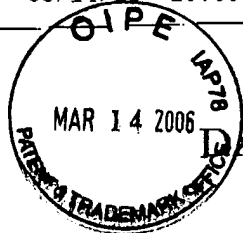
Registration No. 20,337 29,337

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PHONE (215) 563-4100 • FAX (215) 563-4044**FACSIMILE COVER SHEET**

DATE: March 14, 2006
TO: US PTO
COMPANY:
FAX: 571-273-2885
FROM: Donald R. Piper, Jr.,
RE: Issue Fee Payment of 09/863,234

Total Number of
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